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Articles of Incorporation

DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

The undersigned, acting as incorporator(s) of the corporation under RIGL 7-1.2-202, adopt(s) the following Articles of Incorporation for such corporation:

| | | |
|--|------------------------------|----------------------------|
| 1. The name of the corporation is: ER Holdings Inc. | | |
| Is this a close corporation pursuant to RIGL <u>7-1.2-1701</u> of the General Laws, 1956, as amended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 2. The total number of shares which the corporation has the authority to issue is: <i>(Unless otherwise stated, all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)</i> | | |
| Total Authorized Shares (Number of Shares) | Class of Stock | Par Value Per Share |
| 8,000 | Common | No par value |
| | | |
| | | |
| If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions of RIGL <u>7-1.2</u> . State any provisions here <i>(optional)</i> : Check the box to indicate an attachment <input type="checkbox"/> | | |
| 3. The name and address of the initial registered agent/office in Rhode Island is: | | |
| Agent Name Carl I. Freedman | | |
| Street Address <u>(NOT a P.O. Box)</u> One Park Row, Suite 300 | | |
| City/Town Providence | State RHODE ISLAND | Zip Code 02903 |
| 4. The corporation has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL <u>7-1.2</u> . | | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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BY ML 16020

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5. Additional provisions, if any, not inconsistent with RIGL 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation:

Check the box to indicate an attachment

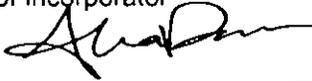
6. The name and address of each incorporator is:

| | | |
|----------------------|---------------------------------------|-------------------|
| Name Alia Drissi | Address 444 West Lake St Suite 900 | |
| City/Town Chicago | State IL | Zip Code 60606 |
| Name | Address | |
| City/Town | State | Zip Code |
| Name | Address | |
| City/Town | State | Zip Code |

7. Date when these Articles of Incorporation will be effective: **CHECK ONE BOX ONLY**

- Date received (Upon filing)
 Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I/we declare and affirm that I/we have examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct.

| | |
|--|----------------------------|
| Type or Print Name of Incorporator Alia Drissi | Date September 22, 2023 |
| Signature of Incorporator  | |
| Type or Print Name of Incorporator | Date |
| Signature of Incorporator | |
| Type or Print Name of Incorporator | Date |
| Signature of Incorporator | |